

AFGHANISTAN

Millennium Development Goals: Progress at a glance

Afghanistan illustrates the devastating impact of decades of war and conflict on development. This land-locked country has been through 23 years of war, virtually without pause. As a result, every single aspect of development – from the incidence of poverty, to health care, agriculture, environment, and education has been adversely affected. Afghanistan today is not just one of the poorest countries in the world, but also has the worst human development indicators, comparable to only two equally war stressed countries in Africa – Sierra Leone and Angola.

In 2000, when countries around the world agreed to the Millennium Development Goals, Afghanistan was embroiled in war and did not participate in the 2000 UN Summit. It signed the Millennium Declaration only in 2004 and has set itself targets based on data from 2002-2004 to be achieved by 2020. An additional goal of ‘enhancing security’ had been added.

The country is now slowly on the road to recovery. It has a new constitution, an elected government and has taken the first tentative steps towards dealing with its enormous legacy of war. Four million children are now in school even as the country copes with the return of four million refugees displaced by the war. Over 60,000 former combatants have been demobilized. Yet violence and the absence of security remain the most crucial concern in Afghanistan. The economy, which had seen negative growth, is slowly recovering but continues to remain dependent on revenue from the illegal opium economy.

Cost of two decades of war

War not only destroys the economy and infrastructure of a country but also displaces millions of people and brings to a halt any attempt to improve the daily lives of people. In Afghanistan, this is evident in all aspects of development.

- In the absence of data, it is difficult to pinpoint **levels of poverty** in Afghanistan. The very first attempt to hold a census was halted because of the war in 1978-79. Since then no such exercise has been possible.
- The per capita income is estimated to be just \$200, the lowest of any country in the world.
- An estimated 20% of Afghans living in rural areas that is, 3.2 million Afghans do not get enough food to eat and another 18% are vulnerable. As a result, 40% of children under three are underweight and half in this age group are stunted.

Health

Health infrastructure, which was never adequate, has failed to improve because of the war. The impact of this can be seen today on the health of people, particularly women and children.

- Currently, only four out of every 10 Afghans have access to **basic health facilities**. Two-thirds of all districts lack maternal and child health services. The average number of medical doctors per 1,000 people in Afghanistan is 0.1, against 1.1 for most developing countries.
- On being denied access to health care, half of all Afghan children die before they reach the age of five. One-third die soon after birth and over half within the first year.
- Of all deaths among children under the age of five years, 38% occur during the first four weeks. Afghanistan is one of 10 countries where two-thirds of all **neonatal deaths** occur.
- From 1990 to 2002 the **under-five mortality rate** hardly changed and today, Afghanistan is where most developing countries were 40 years ago. High infant and under-five mortality rates are major contributing factors to the low average life expectancy in Afghanistan, estimated at 44.5 years in 2002, which is almost 20 years less than the regional average for South Asian countries.
- The **maternal mortality rate (MMR)** in Afghanistan exceeds that of any other country. It stands at a shocking 1600-2200 per 100,000 live births. In Badakhshan province, seven per cent of all women die during childbirth.
- One reason for the high MMR is the young age at which Afghan girls get married. Sixteen per cent of girls are married before they turn 16 and 52% before they turn 18.
- Another reason is the absence of skilled help during childbirth. Only 13% of Afghan babies were delivered in government, NGO or private clinics. The remaining 87% of deliveries occurred at home.
- Even where health facilities are available, they are inadequate to meet demands. For instance, although haemorrhage during pregnancy or childbirth is the most frequent cause of death in Afghanistan, less than a quarter of the hospitals in the country have a blood bank.
- As female health workers are needed to treat women in Afghanistan, their absence in many health facilities is proving to be a major constraint in improving health

service delivery. Less than 30% of health facilities have a female health worker. This also reflects the difficulty of recruiting qualified female staff.

Apart from child and maternal mortality, the country faces a serious challenge in meeting targets to deal with HIV/AIDS, malaria and tuberculosis.

- Afghanistan is a potentially high-risk country for the spread of **HIV/AIDS**. The high levels of heroin production (with most users injecting drugs through shared needles), lack of systematic screening of blood, and low levels of awareness are a potent combination for the spread of HIV/AIDS. There are about 8,000 heroin addicts in Kabul City, of whom almost 500 are drug injectors. Women are particularly at risk of HIV/AIDS with three-fourths of women under-50 years of age never having heard of any contraceptive method.
- **Malaria** is prevalent in more than 60% of the country putting over 13 million people at risk. In 2004, the annual incidence was estimated to be 2-3 million and is increasing every year. Afghanistan is poorly equipped to meet the challenge of malaria.
- Afghanistan is the 12th highest **tuberculosis** burdened country in the world and the highest in South Asia. 70% of all infected people are women. There had been some improvement by the end of 2003, as an estimated 56% of the population had access to facilities offering Directly Observed Treatment - Short Course (DOTS) which has proved fairly effective in other South Asian countries as well.

Education

Waves of war have hampered efforts to improve literacy. As a result, today 80% of Afghans cannot read or write. The situation of women is even worse. Female literacy is just 9-18%, the lowest in the world.

- Afghanistan has the highest proportion of school age children (7-12 years) of any country in the world. Yet despite efforts to put children back in school, half of all children in this age group are not in school. In the trouble-torn southern provinces, this figure goes up to 60%.
- In the higher age group, 15-24 years, only 34% are literate. Women and girls lag behind boys and so far, the gap is not closing. One reason is the shortfall in female teachers to teach girls, as required by Afghan society. As a result twice as many boys are likely to complete primary school as girls.

Infrastructure

Access to water and sanitation, electricity, and livelihoods sources have also been negatively impacted through the decades of war.

- Since 1978, **forest cover** has been cut by half partly due to high dependence on firewood as a source of energy and due to the demand for timber from within Afghanistan and from Pakistan. Only 6% of the population has access to a regular supply of electricity.
- The water table has sunk due to excessive drawing of **groundwater**. As a result, 80% of the population drinks contaminated water.
- Afghanistan has one of the highest rates of **urbanization** in Asia, an estimated 6% per year. This puts a high burden on the already weak service delivery in urban centres. One quarter of all Afghans now live in cities, principally in the five cities of Kandahar, Jalalabad, Herat, Mazar and Kabul.
- 75% of the urban population may be living in **slums**. Cities are overwhelmed by air and water pollution and the problems of dealing with vast amounts of waste.
- Only one in three Afghans in urban areas has access to **improved sanitation**. In rural areas, the situation is much worse, with only one out of 10 Afghans having access to improved sanitation.

Gender equality

Afghan women have been denied their rights for decades -- the right to education, to work, to health care, to political participation. In addition, the pervasive violence against women is now considered “a silent epidemic” that has its roots in the low status of women, and is compounded by long exposure to hostilities and conflict. This remains a major obstacle in achieving gender equality.

- Women’s inferior status has hampered progress in improving **female literacy levels**, which are the lowest in the world. In the 13 provinces surveyed, currently less than 30% of all teachers are women. Over 70% of households identified the unavailability of schools as the main reason for girls not attending them.
- By allocating two seats from each province in the Parliament to women, Afghanistan has taken its first step to bring about **gender parity** in the representation of women in decision-making. The Government has also provided significant leadership roles for women, including the appointment of three women ministers, 14% women representatives in the first *Loya Jirga*, and women's participation in the constitutional drafting commission, the Judicial Commission,

and the Electoral Commission.

- A recent survey found that 87% of Afghans said that women would need to obtain permission from their husband or head of the family to vote. Eighteen per cent of the men surveyed said they would not let their wives vote at all, and in the south, almost one in four men surveyed felt that way.

Landmines and opium

In addition to a shattered economy and a direct legacy of the wars in Afghanistan is the vast quantity of unexploded ordnance (UXO) and landmines.

- An estimated four million Afghans live in communities affected by land mines or unexploded ordnance (UXO), and Afghanistan has the world's highest proportion of handicapped people after Cambodia. The total number of people killed or injured by landmines and UXO is estimated to be approximately 100,000 since 1979, including over 5,000 incidents since 2001. Records indicate that over 90% of Afghans who fall victim to landmines/UXO are male, 50% of the incidents are caused by UXO and most shockingly, over 50% of all victims are children under the age of 18.

Afghanistan's other special problem, linked in many ways to the war, is the **opium economy**. There is no economy in the world more dependent on narcotics than Afghanistan.

- In 2004-05, Afghanistan's opium economy earned US\$2.8 billion. This exceeds the total international assistance spent in the country. The drug economy, which has grown in recent years, is estimated to be 50-60% of the legal economy and one third to 40% of total economy. At least two million people depend directly on the drug economy and many more benefit from its indirect effects, such as employment in construction and trade financed by drug profits. Cash earned through opium sales finances a good portion of the country's food imports.
- The total area under poppy cultivation increased by nearly two-thirds from 80,000 to 131,000 hectares from 2003 to 2004. By 2004, poppy was being cultivated in all provinces of Afghanistan for the first time. The expansion of poppy cultivation was at the expense of wheat production, which declined severely in 2004. In some parts of the country, where agricultural land used for poppy cultivation is especially high (29% in Nangarhar, 28% in Badakhshan and 24% in Kunar), it may pose a more serious challenge to food security by crowding out other crops. Many poppy farmers are driven to opium cultivation by a combination of poverty, indebtedness and dependency.

Areas of progress

Despite the overwhelming obstacles that Afghanistan faces in meeting its MDG targets, it

has made tentative progress in a few areas.

- As a result of its back-to-school campaign, four million children are now in school. According to UNICEF in 2003, the overall school attendance rate in Afghanistan doubled from 27% to 54% between 1997 and 2002. Girls' attendance rate tripled from 13% to 40% in the same period. For 2003 the net attendance was 54%, or 2.3 million students, principally in urban areas.
- In 2003, almost one-third (33.6%) of young Afghans between 15 and 24 years of age are literate. This includes an 18% literacy rate for young women and a 50% rate for young men.
- The measles immunisation programme has been a success in Afghanistan, with 75% of children aged less than 12 months having been immunised. Immunisation coverage is higher in urban areas than in rural areas. As a result, infant and child mortality in rural areas is around 25% higher than in urban areas.

Source: *Millennium Development Goals, Islamic Republic of Afghanistan Country Report 2005*

